Professional Update Request/Attestatio

Clover Health

Email: Providers@Cloverhealth.com **Fax: Provider Data Management 1-866-201-3008**

INSTRUCTIONS

Use this form to report provider information changes or updates. ***W9 required for TIN changes or changes to billing address.***
Email form to Providers@Cloverhealth.com or Fax to Provider Data Management 1-866-201-3008

GENERAL INFORMATION

Line(s) of Business ☐ Medicare Advantage ☐ Direct Contracting

Office Contact	Phone #	Date

Practice Email	Preferred Method of Contact ☐ Phone ☐ Email

Practice Name	Practice NPI	Tax ID

Provider Name	Provider NPI	Provider Type ☐ PCP ☐ Specialist

ADDRESS OR PHONE NUMBER CHANGE

Check all boxes that apply for the type of change and specity what is changing

Change 1 Effective Date:		**Change 2** Effective Date:	
Change Type	**What's Changing**	**Change Type**	**What's Changing**
☐ Add New ☐ Term ☐ Change	☐ Office ☐ TIN ☐ Mailing ☐ Payee/billing	☐ Add New ☐ Term ☐ Change	☐ Office ☐ Mailing ☐ Payee/billing
Old Address		Old Address	
New Address		New Address	
New Phone # New Fax #		New Phone # New Fax #	

NAME CHANGE

For an individual name change, attach copy of marriage license, divorce decree, etc.

Previous Name	New Name	Effective Date

TAX ID CHANGE (ATTACH W9)

Previous Name	New Name	Effective Date

PROVIDER PANEL STATUS CHANGE

Panel Status ☐ Open ☐ Closed Effective Date

SPECIALTY CHANGE

Previous Specialty	New Specialty

Is the provider board certified in this specialty? ☐ Yes ☐ No If yes, attach a copy of board certification

AUTHORIZED SIGNATURE

Person authorized to make change (Print or Type Name)	Email

Signature	Title	Date